



ELEVATOR SUBCODE TECHNICAL SECTION

A. IDENTIFICATION--APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel (_____) _____

Contractor/Installer _____

Address _____

Tel (_____) _____ FAX (_____) _____

Federal Emp. No. _____

Maintenance/Service Contractor _____

Address _____

Tel (_____) _____ FAX (_____) _____

B. ELEVATOR CHARACTERISTICS

Building Use Group _____ Building Registration No. _____

Manufacturer _____ Device I.D. _____

Machine Room Location _____

No. of Stops _____ No. of Openings _____

Travel (ft.) _____ Speed (f.p.m.) _____

Type of Control _____ Type of Operation _____

Passenger _____ Freight _____

Capacity (lbs.) _____

Year of Installation _____ Year of Alteration _____

Estimated Cost of Elevator Work \$ _____



Date Received _____
 Date Issued _____
 Control # _____
 Permit # _____

C. CERTIFICATION IN LIEU OF OATH
 I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____ Date _____

D. TECHNICAL SITE DATA

| ITEM | FEE (Office Use Only) |
|---|-----------------------|
| Traction or Winding Drum | \$ _____ |
| 1 to 10 Floors | _____ |
| Over 10 Floors | _____ |
| Hydraulic | _____ |
| Roped Hydraulic | _____ |
| Escalator/Moving Walk | _____ |
| Dumbwaiter | _____ |
| Stairway Chairlift, Inclined and | _____ |
| Vertical Wheelchair Lifts and Man Lifts | _____ |
| Oil Buffers | _____ |
| Counterweight Governor and Safeties | _____ |
| Auxiliary Power Generator | _____ |
| Alterations | _____ |
| Other _____ | _____ |
| Other _____ | _____ |
| Administrative Surcharge | \$ _____ |
| DCA Training Fee | \$ _____ |
| TOTAL FEE | \$ _____ |

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Joint Plan Review Required:

Building Plumbing

Fire Electric

Elevator Plans Approved

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Temporary _____

Final _____

Dates (Month/Day)

Failure _____ Approval _____

Initial _____

SUBCODE APPROVAL:

Date: _____

Approved by: _____